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Guide to Processing Free and Reduced Price School Meal Applications

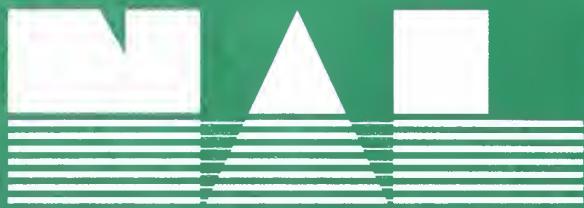


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United States Department of Agriculture
Food and Nutrition Service
Midwest Region

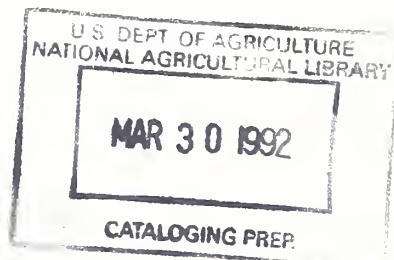
August 1991

United States
Department of
Agriculture



National Agricultural Library

GUIDE TO PROCESSING FREE AND REDUCED PRICE SCHOOL MEAL APPLICATIONS



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INTRODUCTION

The purpose of this booklet is to provide assistance to schools and School Food Authorities in the basic steps to processing applications for free and reduced price meal benefits. The booklet is divided into three sections.

The first section lists the information required on all applications. Requirements for categorically eligible applications (applications which report Food Stamp or AFDC case numbers) are listed separately from the requirements for income applications (applications which provide household size and income information.)

The second section provides examples of some of the more common problems found when processing applications. For each problem application, solutions are offered.

The third section gives information on how and when to deny an application.

In addition there are three appendices. They are a sample notification letter, the income eligibility guidelines which were used to process the applications in this booklet, and an income conversion chart.

We hope this material proves useful to schools when processing free and reduced price applications. However, if more in-depth information regarding free and reduced price applications is needed, please consult a copy of the Eligibility Guidance for School Programs or contact your state agency.

APPLICATION REQUIREMENTS

Food Stamp/AFDC Applications

If a household submits an application which indicates that it receives food stamps or AFDC, the following information must be provided on the application before it can be processed:

- Name of Child;
- Food Stamp or AFDC case number;
- Signature of adult household member.

This is the only information required from a household receiving food stamp or AFDC benefits.

Income Applications

If a household submits an application which provides income information such as earnings from wages, social security, etc., the following information must be provided before the application can be processed:

- **Names of ALL household members;**
- **Social security number of the adult who signs the application; or the word "none" if that person does not have a social security number;**
- **Monthly income, by person, by source;**
- **Signature of an adult household member.**

If any of this information is missing, the application cannot be processed. The missing information must be obtained before an eligibility determination can be made.

EXAMPLE APPLICATIONS

The following applications provide examples of some of the more common problems encountered when processing free and reduced price applications. Each application has **ONLY ONE** problem which is clearly defined and circled in red. The page following each application provides one or more solutions for correcting each problem.

*****IMPORTANT*****

The example applications which follow were processed using the income eligibility guidelines located in Appendix B of this booklet and are designed for use with this booklet only. **DO NOT USE THESE INCOME ELIGIBILITY GUIDELINES TO PROCESS YOUR APPLICATIONS.**

APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME

ALICE BEASLEY

GRADE

5

2 List the child's FOOD STAMP or AFDC case number, if any:

NAME OF SCHOOL

FOOD STAMP NUMBER

OR AFDC NUMBER

JEFFERSON

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
<u>GRACIE BEASLEY</u>	\$ _____	\$ _____	\$ <u>216</u>	\$ _____	\$ _____
<u>TED BEASLEY</u>	\$ <u>500</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>JOE BEASLEY</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>ALICE BEASLEY</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Gracie Beasley
 Signature of Adult Household Member

593-62
 Social Security Number

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly Income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Change in status: _____

Date withdrawn: _____

Reason

Date

Signature of determining official: _____

Date: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____

BEASLEY APPLICATION

PROBLEM: The Beasley application cannot be approved because Gracie Beasley did not provide a complete social security number. The number she provided has five digits instead of nine. Therefore, the number is invalid and should be considered missing.



SOLUTION: You have three options:



1. You may contact the household either by phone or in writing to obtain Gracie's complete social security number. If the household gives you the social security number on the phone, or sends it to you, enter the number directly on the application in the space for Gracie's social security number. Be sure to date and initial any information you write on the application.

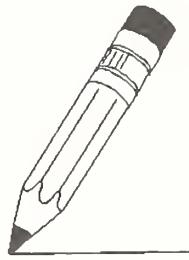
OR

2. You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

OR

3. You may deny the application. (See page 39 for further information on denying applications.)

Remember, an income application cannot be approved until you receive either 1) a complete social security number or 2) information indicating that the adult does not have one.



APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME

TRACEY PADILLA

GRADE

8

NAME OF SCHOOL

HARPER

FOOD STAMP NUMBER

OR AFDC NUMBER

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
SOPHIE PADILLA	\$ 1050	\$ _____	\$ _____	\$ _____	\$ _____
CANDY PADILLA	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SUSIE PADILLA	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TRACEY PADILLA	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Sophie Padilla
Signature of Adult Household Member

Social Security Number

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Change in status: _____

Date withdrawn: _____

Reason

Date

Signature of determining official: _____ Date: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____ Date: _____

PADILLA APPLICATION

PROBLEM: The Padilla application cannot be approved because there is no social security number. The social security number of the adult who signs the application is required.



SOLUTION: You have three options:

1. You may contact the Padilla household either by phone or in writing to obtain the missing social security number. If the household gives you the social security number on the phone or sends it to you, enter the number directly on the application in the space provided. If the household informs you that the adult who signed the application does not have a social security number, you should write the word "NONE" in the space provided. Be sure to date and initial any information you write on the application.



OR

2. You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

OR

3. You may deny the application. (See page 39 for further information on denying applications.)

Remember, an application cannot be approved until you receive either 1) a complete social security number **or** 2) information indicating that the adult who signed the application does not have a social security number.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME	GRADE	NAME OF SCHOOL	FOOD STAMP NUMBER	OR	AFDC NUMBER
<u>CHRISTOPHER BEHRENS</u>	<u>11</u>	<u>LINCOLN H.S.</u>			

2 List the child's FOOD STAMP or AFDC case number, if any:

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
<u>JOHN BEHRENS</u>	\$ <u>800</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>ARLENE BEHRENS</u>	\$ <u>600</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>CHRIS BEHRENS</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>DAVID BEHRENS</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Christopher Behrens

Signature of Adult Household Member

353-60-2956

Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

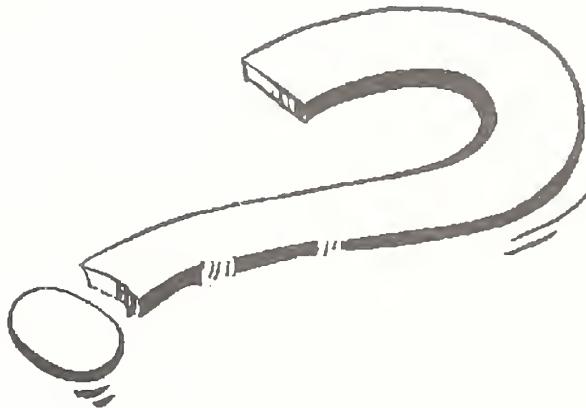
MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____ Monthly income _____ Food stamp _____ AFDC/ADC _____
 Eligibility determination: Approved Free _____ Approved Reduced Price _____ Denied _____ Temporary until: _____ Until: _____ Until: _____
 Reason for denial: Income too high _____ Incomplete application _____ Other _____
 Change in status: _____ Date withdrawn: _____
 Reason _____ Date _____
 Signature of determining official: _____ Date: _____

Date verification notice sent: _____ Response due from household: _____ Second notice sent: _____
 Verification result: No change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____
 Reason for eligibility change: Income _____ Household size _____ Refused to cooperate _____ Change In food stamp/AFDC _____ Other _____
 Date "notice of change" sent to parent/guardian: _____
 Signature of verifying official: _____ Date: _____

BEHRENS APPLICATION

PROBLEM: The Behrens application cannot be approved because it does not have an adult household member's signature and social security number. The signature on the application is that of Chris Behrens who is a student at Lincoln High School.



SOLUTION: You have two options:



1. You may return the application to the household for an adult household member's signature and social security number. You may not sign the application for the household.

OR

2. You may deny the application. (See page 39 for further information on denying applications.)

NOTE: The only exception to the adult signature requirement occurs when there are no adults living in the household. In such cases a person under 21 years of age may sign the application. However, the school official should ensure that the person signing the application is eligible to do so.

**SMITH APPLICATION**

PROBLEM: The Smith application cannot be approved because it does not have an adult household member's signature.

SOLUTION: You have two options:

1. You may return the application to the household for an adult household member's signature. You may not sign the application for the household.

OR

2. You may deny the application. (See page 39 for further information on denying applications.)

NOTE: The only exception to the adult signature requirement occurs when there are no adults living in the household. In such cases a person under 21 years of age may sign the application. However, the school official should ensure that the person signing the application is eligible to do so.



APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME

MELVIN JULIUS

GRADE

4

2 List the child's FOOD STAMP or AFDC case number, if any:

NAME OF SCHOOL

MAPLE TREE

FOOD STAMP NUMBER

OR AFDC NUMBER

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
<u>CHARLES JULIUS</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>SCOTT JULIUS</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>MARLENE JULIUS</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>MELVIN JULIUS</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>JENNIFER JULIUS</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X Scott Julius
 Signature of Adult Household Member

X 220-35-6792
 Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Change in status: _____

Date withdrawn: _____

Reason

Date

Date:

Signature of determining official: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Signature of verifying official: _____

Date:

**JULIUS APPLICATION**

PROBLEM: The Julius application cannot be approved because it does not contain income by person, and source.

SOLUTION: You have three options:

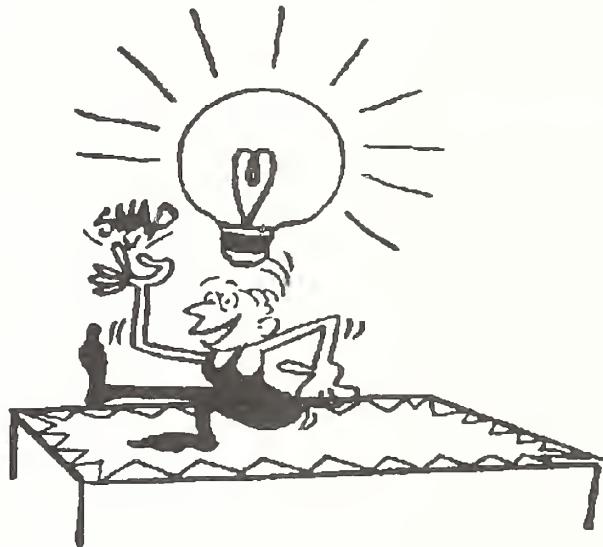
1. You may contact the household either by phone or in writing to obtain the income by person and source. As soon as you obtain this information, enter it on the income section of the application next to the appropriate person's name and in the appropriate column. Be sure to date and initial any information you write on the application.

OR

2. You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

OR

3. You may deny the application. (See page 39 for further information on denying applications.)



APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____

1 Print STUDENT INFORMATION:

NAME

HEATHER KARRIT

GRADE

9

2 List the child's FOOD STAMP or AFDC case number, if any:

NAME OF SCHOOL

FOOD STAMP NUMBER

OR AFDC NUMBER

WE GET A FOC

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X Bunny Karrit
 Signature of Adult Household Member

X _____
 Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

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FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Date withdrawn: _____

Reason

Date

Signature of determining official: _____

Date: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____



KARRIT APPLICATION

PROBLEM: The Karrit application cannot be approved because it does not have an AFDC case number. The household indicated that it receives AFDC yet the space for the AFDC case number is blank. No income or household size has been provided.

SOLUTION: You have three options:



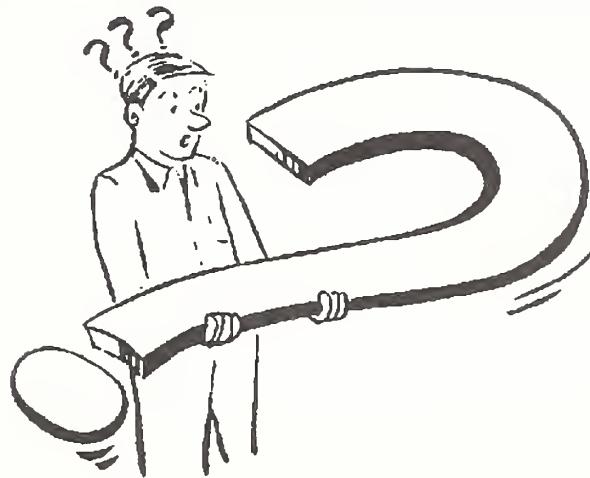
1. You may contact the household either by phone or in writing to obtain the AFDC case number. As soon as you receive the case number, enter it in the appropriate space on the application. Be sure to date and initial any information you write on the application.

OR

2. You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

OR

3. You may deny the application. (See page 39 for further information on denying applications.)



HOUSTON APPLICATION

PROBLEM: The Houston application cannot be approved because it does not provide the name of the child for whom the application was made. The name of the child is one of the items required on a food stamp or AFDC application.

SOLUTION: You have three options:

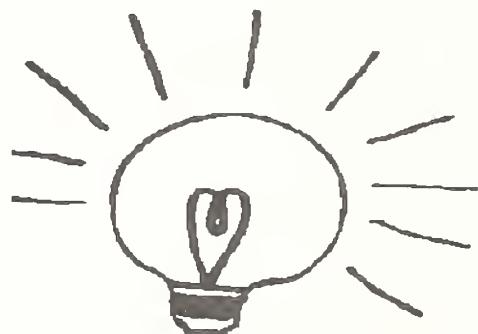
1. You may contact the household either by phone or in writing to obtain the child's name. As soon as you receive the name, enter it in the appropriate space on the application. **Be sure to date and initial any information you write on the application.**

OR

2. You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

OR

3. You may deny the application. (See page 39 for further information on denying applications.)



APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME

HENRY LASSITER

GRADE

NAME OF SCHOOL

HAPPY HILL

FOOD STAMP NUMBER

OR AFDC NUMBER

B2590C

2 List the child's FOOD STAMP or AFDC case number, if any:

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
<u>SHARON LASSITER</u>	\$ 900	\$ _____	\$ 400	\$ _____	\$ _____
<u>JOHN LASSITER</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>HENRY LASSITER</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X Sharon Lassiter

Signature of Adult Household Member

X 659-43-5846

Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly Income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Date withdrawn: _____

Reason _____

Date _____

Date: _____

Signature of determining official: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____

LASSITER APPLICATION

PROBLEM: The Lassiter application has both an AFDC case number and income information. The AFDC case number makes the household eligible for free meals. However, the income information makes the household eligible for reduced price meals.

**SOLUTION:**

Whenever a household provides a food stamp or AFDC case number and income information, the application must be approved based on the case number. Disregard the income information. Therefore, the Lassiter household is eligible for free meals.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME

WILEY COYOTE (FOSTER CHILD)

GRADE

NAME OF SCHOOL

FOOD STAMP NUMBER

OR AFDC NUMBER

2 List the child's FOOD STAMP or AFDC case number, if any.

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Carmen Shandy
Signature of Adult Household Member

353-86-2091
Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly Income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Date withdrawn: _____

Change in status: _____

Reason _____

Date _____

Signature of determining official: _____

Date: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____



COYOTE APPLICATION

PROBLEM: The Coyote application cannot be approved because it does not contain any income information. Although this household is applying for meal benefits for a foster child, the application must still contain the foster child's income information.

SOLUTION: You have two options:

1. You may contact the household either by phone or in writing to obtain the income information. Remember that you want the income information for the foster child only. If the foster child has no income, enter zero in the income section. Do not leave the income section blank.

OR

2. You may deny the application. (See page 39 for further information on denying applications.)



APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME

TOM CARPENTER

GRADE

2

2 List the child's FOOD STAMP or AFDC case number, if any:

NAME OF SCHOOL

FOOD STAMP NUMBER

OR AFDC NUMBER

BERGMAN

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
<u>CHARICE CARPENTER</u>	\$ <u>0</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>TOM CARPENTER, SR.</u>	\$ <u>0</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>AILEEN CARPENTER</u>	\$ <u>0</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>TOM CARPENTER, JR.</u>	\$ <u>0</u>	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Charice Carpenter

Signature of Adult Household Member

534-69-8566

Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

***Privacy Act Statement:** Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Date withdrawn: _____

Reason

Date

Date:

Signature of determining official: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____

CARPENTER APPLICATION

PROBLEM: The Carpenter application shows that the household has no income.

**SOLUTION:**

Whenever a household indicates that it has no income, the application should be approved on a temporary basis for forty-five days. After the forty-five days is over, the household must be contacted to see if there has been any change in their circumstances. If there has been no change, the application should be approved for another forty-five days. Continue to follow up with the household every forty-five days until their income situation is resolved, or they receive food stamp or AFDC benefits.

If there has been a change, the application should be processed based on the new information. Write the new information directly on the application in the space provided. Remember to date and initial any information you write on the application.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME

JOSE LOS CRUCES

GRADE

6

2 List the child's FOOD STAMP or AFDC case number, if any:

NAME OF SCHOOL

MARYFIELD

FOOD STAMP NUMBER

OR AFDC NUMBER

WE APPLIED FOR AFDC

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Mary Los Cruces

Signature of Adult Household Member

632-89-5567

Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Date withdrawn: _____

Reason

Date

Signature of determining official: _____

Date: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____

LOS CRUCES

PROBLEM: The Los Cruces application does not have any income information listed. The household has indicated that it has applied for AFDC benefits. If the household is eligible for food stamp or AFDC benefits, it will be eligible for free school meals.

SOLUTION: Because the Los Cruces have not been approved for AFDC benefits, you cannot approve the application based on AFDC information. Income information must be obtained before the application can be approved. You have three options:

1. You may contact the Los Cruces household by phone or in writing to obtain the household size and income information. If the household gives you this information on the phone or sends it to you, enter the information directly on the application in the spaces provided. Process the application based on this information. **Remember to date and initial all information you write on the application.**

OR

2. You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

OR

3. You may deny the application. (See page 39 for further information on denying applications.)



NOTE: If income information is received and this household is approved for reduced price benefits or denied, you may want to follow up with the household in forty-five days. If the household has been approved for food stamp or AFDC benefits, write the food stamp or AFDC case number directly on the application and change the household eligibility category to free.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME JAMES RITTER

GRADE 3

2 List the child's FOOD STAMP or AFDC case number, if any:

NAME OF SCHOOL GLEN VIEW

FOOD STAMP NUMBER OR AFDC NUMBER _____

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
	\$ 500	\$ _____	\$ 60	\$ 25	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Mary Ritter
 Signature of Adult Household Member

353-75-8926
 Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Date withdrawn: _____

Change in status: _____

Reason

Date

Signature of determining official: _____

Date: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____



RITTER APPLICATION

PROBLEM: The Ritter application cannot be approved because the names of all household members are not listed. For the application to be considered complete, all household members must be listed so that the size of the household can be determined. The household size is vital information for determining eligibility.

SOLUTION: You have three options:

1. You may contact the household either by phone or in writing to obtain the names of the household members. As soon as you receive this information, enter the names in the appropriate spaces on the application. Be sure that the income information is listed next to the correct household member's name. The eligibility of the household cannot be determined until this information is received.

OR

2. You may return the application to the household. Instruct the household to provide the missing information and return it to the school as soon as possible.

OR

3. You may deny the application. (See page 39 for further information on denying applications.)



APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME

JOHN VANG

GRADE

2 List the child's FOOD STAMP or AFDC case number, if any:

NAME OF SCHOOL

FOOD STAMP NUMBER

OR AFDC NUMBER

MILL CREEK

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
CHRIS VANG	\$ 1300*	\$ _____	\$ _____	\$ _____	\$ _____
JOHN VANG	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ALLISON VANG	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*WE EXPECT \$100 LESS PER MONTH STARTING 10/5/91.

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X Allison Vang

Signature of Adult Household Member

X 243-56-2931

Social Security Number*

HOME TELEPHONE NO. _____

WORK TELEPHONE NO. _____

PRINTED NAME _____

STREET/APT. NO. _____

CITY/STATE/ZIP _____

DATE

9/5/91

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Date withdrawn: _____

Reason

Date

Signature of determining official: _____

Date: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

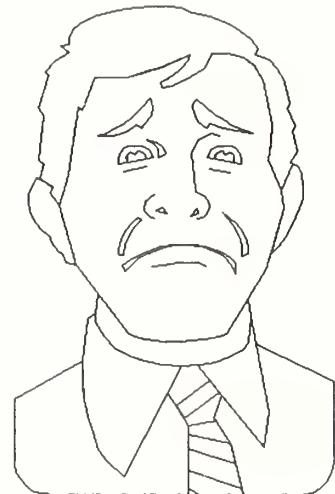
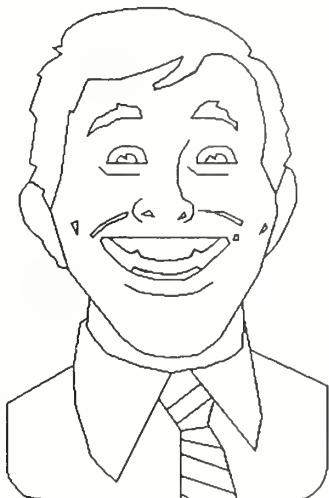
Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____

VANG APPLICATION

PROBLEM: The Vang application shows that the household is currently eligible for reduced price meals. However, the application indicates that a reduction in income is expected in the next month. This decrease in income would make the Vang household eligible for free meals.

**SOLUTION:**

When a family notes on an application that it is expecting a change in income or family size, its application must be approved for the category for which they are currently eligible. Based on the current income, the household should be temporarily approved for reduced price benefits.

Follow up with the household immediately after the date that the income change is expected. If no date is given, follow-up in forty-five days from the date of application. If the income has changed, get the new income information and re-process the application based on this information. Be sure to initial and date any information you write on the application.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at #_____.

1 Print STUDENT INFORMATION:

NAME BRETT SIMPSON

GRADE 5

2 List the child's FOOD STAMP or AFDC case number, if any:

NAME OF SCHOOL GARDNER

FOOD STAMP NUMBER OR AFDC NUMBER _____

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$_____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to **PART 5.**

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare		MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2	Payments, Child Support, Alimony			
<u>GREGORY SIMPSON</u>	\$ <u>1800</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>ALICE SIMPSON</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>BRETT SIMPSON</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>NEW BABY EXPECTED SOON</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

x Gregory Simpson
 Signature of Adult Household Member

x 596-89-2634
 Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____ Monthly income _____ Food stamp _____ AFDC/ADC _____
 Eligibility determination: Approved Free _____ Approved Reduced Price _____ Denied _____ Temporary until: _____ Until: _____ Until: _____
 Reason for denial: Income too high _____ Incomplete application _____ Other _____ Date withdrawn: _____

Change in status: _____ Reason _____ Date _____
 Signature of determining official: _____ Date: _____

Date verification notice sent: _____ Response due from household: _____ Second notice sent: _____
 Verification result: No change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____
 Reason for eligibility change: Income _____ Household size _____ Refused to cooperate _____ Change in food stamp/AFDC _____ Other _____
 Date "notice of change" sent to parent/guardian: _____ Signature of verifying official: _____ Date: _____



SIMPSON APPLICATION

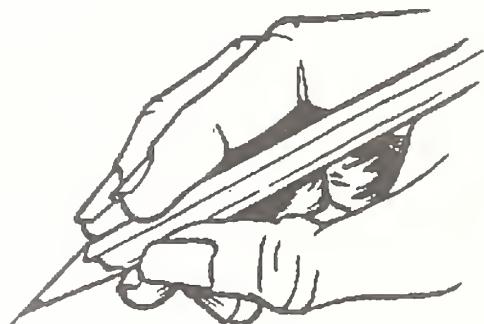
PROBLEM: The Simpson application indicates that the household size will change soon because Mrs. Simpson is expecting a baby.

SOLUTION:

The Simpson application must be processed based on the present household size. Based on the household's current circumstances, the household must be denied benefits at this time.

You may follow up with the household in forty-five days to determine whether the household size has increased. If so, get the new information and re-process the application based on this information. **Be sure to initial and date any information you write on the application.**

NOTE: This procedure should be followed any time a change in household size is expected. This includes a decrease in household size.



APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME FRED WHIPPLE

GRADE 9

NAME OF SCHOOL REILLY HIGH FOOD STAMP NUMBER OR AFDC NUMBER _____

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to PART 5.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
<u>SALLY WHIPPLE</u>	\$ 700 MONTHS		\$ _____	\$ _____	\$ _____
<u>AMY WHIPPLE</u>	\$ 200 WEEKS		\$ _____	\$ _____	\$ _____
<u>REX WHIPPLE</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Sally Whipple
 Signature of Adult Household Member

321-46-9217
 Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Date withdrawn: _____

Change in status: _____

Reason _____

Date _____

Signature of determining official: _____

Date: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

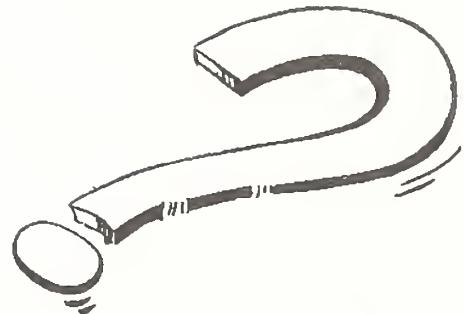
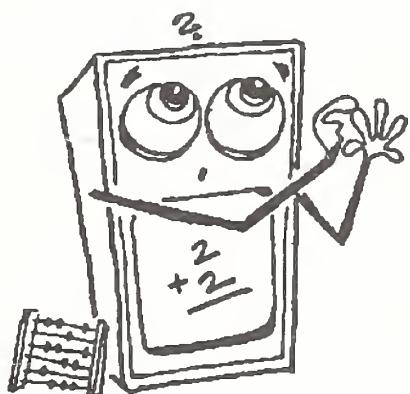
Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____

WHIPPLE APPLICATION

PROBLEM: The Whipple application has income reported in both weekly and monthly time periods. The income needs to be converted into one time period before it can be processed.

**SOLUTION:**

In order to process the Whipple application, the income must be converted into a common time period. For example, to convert the weekly income to monthly:

1) Multiply the weekly income by 4.33*;

$$\$200.00 \times 4.33 = \$866.00/\text{month}$$

2) Add the two figures together;

$$\$700.00 + \$866.00 = \$1566.00 \text{ total monthly income}$$

Write the total monthly income directly on the application. Be sure to initial and date any information you write on the application.

Now the application can be processed based on the total monthly income. The Whipple household will qualify for reduced price meals.

* For more information on income conversion, see page 47.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school.
 Call the school if you need help at # _____.

1 Print STUDENT INFORMATION:

NAME

CHERYL FERGUSSON

GRADE

6

2 List the child's FOOD STAMP or AFDC case number, if any:

NAME OF SCHOOL

CLARKE

FOOD STAMP NUMBER

OR AFDC NUMBER

3 FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income: \$ _____.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or AFDC case number for the child, skip to **PART 5**.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
RACHELLE FERGUSSON	\$ 500 BIMONTHLY		\$	\$	\$
BOB FERGUSSON	\$ 150 WEEKLY		\$	\$	\$
CHERYL FERGUSSON	\$	\$	\$	\$	\$
MERLE FERGUSSON	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

x Bob Fergusson
 Signature of Adult Household Member

x 635-21-4384
 Social Security Number*

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____ PRINTED NAME _____

STREET/APT. NO. _____ CITY/STATE/ZIP _____ DATE _____

6 RACE: Please check the racial or ethnic identity of your child. You are not required to answer this question.

White, not Hispanic Black, not Hispanic Hispanic Asian/Pacific Islander American Indian/Alaskan Native

*Privacy Act Statement: Section 9 of the National School Lunch act requires that, unless your child's food stamp or AFDC case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or AFDC benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total household size: _____

Monthly income _____

Food stamp _____

AFDC/ADC _____

Eligibility determination: Approved Free _____

Approved Reduced Price _____

Denied _____

Temporary until: _____

Until: _____

Until: _____

Reason for denial: Income too high _____

Incomplete application _____

Other _____

Date withdrawn: _____

Change in status: _____

Reason

Date

Signature of determining official: _____

Date: _____

Date verification notice sent: _____

Response due from household: _____

Second notice sent: _____

Verification result: No change _____

Free to Reduced Price _____

Free to Paid _____

Reduced Price to Free _____

Reduced Price to Paid _____

Reason for eligibility change: Income _____

Household size _____

Refused to cooperate _____

Change in food stamp/AFDC _____

Other _____

Date "notice of change" sent to parent/guardian: _____

Date: _____

Signature of verifying official: _____



FERGUSSON APPLICATION

PROBLEM: The Fergusson application shows that income is received bi-monthly (twice a month) and weekly. The application cannot be processed until the income is converted into one common time period.

SOLUTION:

In order to process the Fergusson application, the income needs to be converted into a common time period. For example, to convert the income into a monthly figure:

- 1) Multiply the bi-monthly (twice a month) income by two;

$$\$500.00 \times 2 = \$1,000.00$$

- 2) Multiply the weekly income by 4.33*;

$$\$150.00 \times 4.33 = \$649.50$$

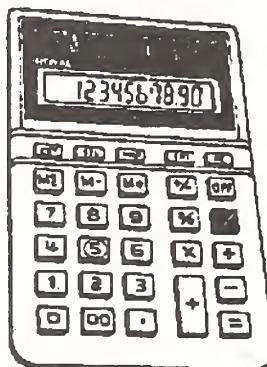
- 3) Add the two figures together;

$$\$1,000.00 + \$649.50 = \$1,649.50$$

Write the total monthly income directly on the application. **Be sure to initial and date any information you write on the application.**

Now the application can be processed based on the total monthly income. The Fergusson household will qualify for reduced price meals.

* For more information on income conversion, see page 47.





DENYING APPLICATIONS



You may deny an application when:

- An application submitted by a household does not contain all of the required information.

The household may provide missing information after you deny an application. You must then re-process the application based on the new information.

You must deny an application when:

- An application submitted by a household does not contain all of the required information and you have been unsuccessful in obtaining the information from the household;
- The household's income is above the limits of the income eligibility guidelines for free and reduced price meals.

When you deny an application, you must promptly notify the household. This notification **MUST BE IN WRITING**. The notice sent to the household must provide the following:

- The reason for the denial of benefits, e.g., the income is too high;
- Notification of the right to appeal;
- Instructions on how to appeal; and,
- A reminder that the household may reapply for benefits at any time during the school year.

Appendix A of this guide provides an example of a notification letter. Please note notification letters **must** be sent to households that have been denied benefits.

APPENDICES

APPENDIX A
SAMPLE NOTIFICATION LETTER

APPENDIX A

NOTIFICATION LETTER FOR SCHOOL MEALS

Dear _____:

Your application for free and reduced price meals for your child(ren) has been:

_____ Approved for free meals.

_____ Approved for reduced price meals at _____ cents for lunch and
_____ cents for breakfast.

_____ Denied for the following reason(s):

_____ Income over the allowable amount.

_____ Incomplete application. The following information is
missing: _____

_____ Other: _____

If you do not agree with the decision, you may discuss it with the school official and you have a right to a fair hearing. This can be done by calling or writing the following official:

Name: _____

Address: _____

Phone: _____

If your child is approved for meal benefits, you must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when household size decreases. If your child is approved for meal benefits based on eligibility for food stamps or AFDC, you must tell the school when you no longer receive food stamps or AFDC for your child.

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in income or an increase in household size, or qualify for food stamp or AFDC benefits, you may fill out another application at that time.

Sincerely,

_____ (NAME)

_____ (TITLE)

_____ (DATE)

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write immediately to the Secretary of Agriculture, Washington D.C. 20250.

APPENDIX B INCOME ELIGIBILITY GUIDELINES

The income eligibility guidelines in Appendix B of this booklet are designed for use with this booklet only. Do not use these income eligibility guidelines to process applications. When processing your applications, use the current guidelines which are forwarded to you from the State.

APPENDIX B

INCOME ELIGIBILITY GUIDELINES

FREE MEALS

<u>FAMILY SIZE</u>	<u>WEEKLY INCOME</u>	<u>MONTHLY INCOME</u>	<u>YEARLY INCOME</u>
1	166	718	8,606
2	222	962	11,544
3	279	1,207	14,482
4	335	1,452	17,420
5	392	1,697	20,358
6	448	1,942	23,296
7	505	2,187	26,234
8	561	2,431	29,172
For each additional family member add:	+57	+245	+2,938

REDUCED PRICE MEALS

1	236	1,021	12,247
2	316	1,369	16,428
3	397	1,718	20,609
4	477	2,066	24,790
5	558	2,415	28,971
6	638	2,763	33,152
7	718	3,112	37,333
8	798	3,460	41,514
For each additional family member add:	+81	+349	+4,181

The income eligibility guidelines in Appendix B of this booklet are designed for use with this booklet only. Do not use these income eligibility guidelines to process applications. When processing your applications, use the current guidelines which are forwarded to you from the State.

APPENDIX C INCOME CONVERSION

APPENDIX C

MONTHLY INCOME CONVERSION METHOD

Weekly Income X 4.33 = Monthly Income

Income Every 2 Weeks X 2.15 = Monthly Income

Income Twice A Month X 2 = Monthly Income

Annual Income \div 12 = Monthly Income

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